

ALABAMA DEPARTMENT OF REVENUE Application for Extension of Time for Filing Alabama Financial Institution Excise Return



required by Section 40-16-6.

	COMPLET	E AND SUBMIT ALL	COPIES OF THIS APPLICAT	TION		
Do not write in this space	De Name of Financial Institution	Name of Financial Institution			Federal Employer Identification Number	
	Mailing Address					
	Cit.	City State Zip				
	City	City State				
	Signature of Officer or Authorized Agent			CN (C	Official Use Only)	
	•			•		
	Title		Telephone Number			
Receiving Stamp	•		()			
	nce With Section 40-16-	6, Code of Alabama	1975, The Information Requ	ested Below Mu	st Be Provided	
Percentage of B	usiness Transacted B	y County and Mu	nicipality:			
Counties in Which Business is Conducted		Percentage in Each County Municipalities in Which Busines in Each County				
·			Estimated tax due on return Amount submitted herewith. (See Instruction 4 below)			
		,,				
Reason for making this application				FOR OFFICIAL USE ONLY		
 INSTRUCTIONS 1. Three (3) copies of this form must be signed and submitted to the Alabama Department of Revenue on or before April 15. If approved, two copies will be returned to you. Attach one copy of the approved extension to your return and keep the other approved copy for your records. 				Extension approved to		
2. A separate application must be submitted for each return to be filed.				Extension is rejected for the following reasons: 1. This form was not properly signed. 2. This form was made for more than one return. 3. This application was not received by the due date. 4. No reason was given for making the application. 5. Reason given not grounds justifying extension.		
3. If approved, this extension will be valid ONLY to the date indicated.						
In order for this application to be approved and remain valid, one-half of the estimated tax due must be paid when the form is filed. If at least 50% of the actual tax due on the return is not paid with the application, the extension will be considered invalid and the return will be subject to the penalties for delinquency. See Sections 40-16-3 and 40-2A-11, Code of Alabama 1975.						
5. This application will not be approved unless all information requested above is provided.						
 Remittance should be made payable to Alabama Department of Revenue. Write – Form ET-8, tax year, and FEIN on remittance for identification. 						
7. Electronic Funds Transfer. Act No. 91-570 requires the use of EFT for all single tax payments of \$25,000 or more. Taxpayers must register to use EFT, and substantial penalties can be assessed for noncompliance. Call the Alabama Department of Revenue EFT Hotline at (334) 242-0192 option (7) or 1-800-322-4106 for more information.						
•	Alabama Department of Revenue Individual & Corporate Tax Division Attention FIET			6. Taxpayer failed to submit one-half of the estimated tax due with this application.		

P. O. Box 327439 Montgomery, AL 36132-7439